

EXHIBIT 7

Exhibit I
to
**Settlement Agreement and Release
of the GlaxoSmithKline Defendants**
August 2006

ISHP Claims Documentation

On or before the deadline set for TPP Class Members to file claims pursuant to the Settlement Agreement and Release of the GlaxoSmithKline Defendants (“Settlement Agreement”) as such date is set by the MDL Court in an order preliminarily approving the Settlement Agreement, each ISHP Group Member, or ISHP Group Counsel where indicated, shall submit the following claims documentation:

(1) ISHP Group members shall be required to submit the amount of purchases of each GSK Covered Drug during the period of January 1, 1999 to December 31, 2003, net of co-pays, deductibles, and/or co-insurance.

(2) Inclusion of the following data fields will facilitate the claims review process, and ISHP Group Members are therefore requested to provide it if practicable:

a. J-Code or NDC Number

The applicable J-Code or NDC Number for each transaction. The applicable J-Codes for each GSK Covered Drug as well as a list of NDC numbers is attached hereto.

b. Patient Identifier

A random encrypted patient identification number for each transaction, which can be used to track claims.

c. Age

Age information (*i.e.* the difference between date of birth and date of service or date of fill, rounded down to the nearest year) for each transaction.

d. Service and/or Fill Date

Service date will often be available for J-Code entries and fill date will be available for NDC entries. If both are available, please include.

e. Group Number

The group number assigned to each transaction. As part of the auditing process, you may be asked to provide corresponding group name for each group number. Only the Settlement Administrator will have access to this

information.

f. Amount Billed

The billed charges or the initial amount billed by the provider or providers before any adjustments.

g. Units

If available, the units for each transaction should be provided.

(3) Each ISHP Group Member shall provide a list of all self-funded healthcare plans ("SFP's") or other entities for which it is authorized to make a claim, including the identity of each entity on whose behalf the ISHP Group Member is authorized to act by name and by the Federal Employer Identification Number assigned to such entity by the United States Internal Revenue Service, if the ISHP Group Member has this information.

(4) Each ISHP Group Member shall provide a declaration made by a duly authorized employee of each ISHP Group Member certifying:

(i) the employee's authority to submit a claim on behalf of the ISHP Group Member;

(ii) the ISHP Group Member's authority to settle the claims asserted in the MDL Class Actions and to release all claims related to purchases of the GSK Drugs at issue in the MDL Class Actions;

(iii) the total net dollar amount of purchases of each of the GSK Covered Drugs by the ISHP Group Member during the period January 1, 1999 to December 31, 2003 ;

(iv) that the ISHP Group Member has historically utilized AWP in calculating reimbursement amounts for the brand drugs addressed by this settlement and has not included claims that are readily identifiable from a query of the ISHP Group Member's electronic claims databases as having been based on a reimbursement standard other than one that utilized AWP;

(v) that the ISHP Group Member and each entity on whose behalf the ISHP Group Member is authorized to act waives any right it may have to receive any distribution as a TTP Class Member under the Settlement Agreement (except to the extent of an administered TPP's purchases of GSK Drugs which were not administered by an ISHP); and

(vi) that the data and other information provided as part of the Claims Documentation submitted by the ISHP Group Member is true and accurate, based on records maintained by or otherwise available to the ISHP Group Member.

All data and documents required hereunder must be submitted, by the deadline set by the MDL Court in the Preliminary Approval Order, to the Claims Administrator at the following address:

Complete Claim Solutions, LLC
Hood Road Centre
5210 Hood Road
Palm Beach Gardens, FL 33418

Attachment 1 -- GSK Covered Drugs and HCPCS Codes

NDC	Drug	Description	HCPCS Code(s)
<u>GSK Category A Drugs</u>			
00029414901	Kytril	KYTRIL INJ SINGLE DOSE VIAL 1MG/ML	J1625, J1626
00029414975	Kytril	KYTRIL INJ SGL DOSE VIAL 1MG/ML VHA	J1625, J1626
00029415201	Kytril	KYTRIL 1MG/ML INJECTION 4ML VIAL	J1625, J1626
00173044200	Zofran	ZOFRAN INJ 2MG/ML 20ML	J2405
00173044202	Zofran	ZOFRAN INJ 2MG/ML 2ML 5S	J2405
00173046100	Zofran	ZOFRAN INJ PRMXD 32MG/50ML	J2405
00173046200	Zofran	ZOFRAN INJ PRMXD 4MG/50ML	J2405
<u>GSK Category B Drugs</u>			
00173004535	Alkeran	ALKERAN TAB 2MG 50S	J8600
00173013093	Alkeran	ALKERAN I.V. INJ 50 MG	J9245
00173044901	Imitrex	IMITREX INJ 12MG/ML 0.5ML 2S PFLD SRNG	J3030
00173044902	Imitrex	IMITREX INJ 0.5ML 12MG/ML 5S VIALS	J3030
00173044903	Imitrex	IMITREX INJ 12MG/ML 0.5ML2S KIT,SELFDOSE	J3030
00173047800	Imitrex	IMITREX INJ 12MG/ML STAT DOSE RFL 2'S	J3030
00173047900	Imitrex	IMITREX INJ 12MG/ML STAT DOSE KIT	J3030
00029415105	Kytril	KYTRIL 1 MG TABS 20'S SUP	Q0166
00029415139	Kytril	KYTRIL 1MG TABS 2'S	Q0166
00173026010	Lanoxin	LANOXIN INJ 0.5MG	J1160
00173026035	Lanoxin	LANOXIN INJ 0.5MG 2ML 50S	J1160
00173026210	Lanoxin	LANOXIN INJ PEDIATRIC 0.1MG/ML	J1160
00173071325	Myleran	MYLERAN TAB 2MG 25S	J8510
00173065601	Navelbine	NAVELBINE INJ 10MG 1ML	J9390
00173065644	Navelbine	NAVELBINE INJ 50MG 5ML	J9390
00173010793	Retrovir	RETROVIR IV INF 10MG/ML 20ML 10	J3485
00173038558	Ventolin	VENTOLIN SOL INH 0.5% 5MG/ML 20ML	J7618-19, J7620, J7625
00173041900	Ventolin	VENTOLIN NEB SOL INH 0.083% 3ML 25S	J7618-19, J7620, J7625
00173044600	Zofran	ZOFRAN TAB 4MG 30S	Q0179
00173044601	Zofran	ZOFRAN TAB 4MG 100S	Q0179
00173044602	Zofran	ZOFRAN TAB 4MG 100S UD	Q0179
00173044604	Zofran	ZOFRAN TAB 4MG 3S	Q0179
00173044700	Zofran	ZOFRAN TAB 8MG 30S	Q0179
00173044701	Zofran	ZOFRAN TAB 8MG 100S	Q0179
00173044702	Zofran	ZOFRAN TAB 8MG 100S UD	Q0179
00173044704	Zofran	ZOFRAN TAB 8MG 3S	Q0179
00173048900	Zofran	ZOFRAN ORAL SOL 4MG/5ML 50ML	Q0179
00173056900	Zofran	ZOFRAN ODT 4MG 5X2 30S	Q0179
00173057000	Zofran	ZOFRAN ODT 8MG 5X2 30S	Q0179
00173057004	Zofran	ZOFRAN ODT 8MG 5X2 10'S	Q0179
00173068000	Zofran	ZOFRAN TAB 24MG 1S	Q0179
00173095201	Zovirax	ZOVIRAX FOR INJECTION 1000MG 20ML 10S (C	Q4075
00173099501	Zovirax	ZOVIRAX FOR INJECTION 500MG 10ML 10S (C#	Q4075
00173036200	Zantac	ZANTAC INJ 25MG/ML 2ML PFLD SRNG	J2780
00173036238	Zantac	ZANTAC INJ 25MG/ML 2ML 10S	J2780
00173036300	Zantac	ZANTAC INJ 25MG/ML 40ML	J2780

00173036301	Zantac	ZANTAC INJ 25MG/ML 6ML	J2780
00173036339	Zantac	ZANTAC INJ 25MG/ML 10ML	J2780
00173040700	Zantac	ZANTAC INJ PRMXD 50MG/100ML 24S	J2780
00173044100	Zantac	ZANTAC INJ PRMXD 50MG/50ML 24S	J2780